



GUAM PUBLIC LIBRARY SYSTEM
Sisteman Laibirihan Pubbleko Guåhan
Government of Guam



Request for Library/Bookmobile Tour

Date: _____

Name of School or Organization: _____

Point of Contact: _____

Contact Phone No.: _____ Cell: _____ Fax: _____

Library Tour / / Bookmobile Tour/ /

Location of visit: _____

Date(s) of visit: _____

Time: _____ From: _____ To: _____

Purpose of Visit: _____

Please complete the following to assist GPLS statistics:

Expected Number of Participants:

Adult: _____ Children: _____

If School Requesting:

Grade Level/Count of students _____

Grade Level/Count of students _____

Grade Level/Count of students _____

Waiver of Liability

The Guam Public Library System, its staff and volunteers shall be held harmless from any and all damages or liabilities that may be sustained during the Library/Bookmobile Tour requested herein.

Print Name & Signature